



EPA KEY CONTACTS FORM

OMB Number: 2030-0020
Expiration Date: 06/30/2024

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix:	First Name:	Middle Name:
		Timothy	
	Last Name:		Suffix:
	Wester		
Title:	CRA Sponsored Projects Officer		
Complete Address:			
Street1:	1700 Lomas NE Suite 2200		
Street2:	MSC01 1247		
City:	Albuquerque	State:	NM: New Mexico
Zip / Postal Code:	87131-0001	Country:	USA: UNITED STATES
Phone Number:	505-277-4186	Fax Number:	505-277-4185
E-mail Address:	osp@unm.edu		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name:	Middle Name:
		Norma	
	Last Name:		Suffix:
	Allen		
Title:	University Controller		
Complete Address:			
Street1:	1700 Lomas NE Suite 2200		
Street2:	MSC01 1247		
City:	Albuquerque	State:	NM: New Mexico
Zip / Postal Code:	87131-0001	Country:	USA: UNITED STATES
Phone Number:	505-277-4186	Fax Number:	505-277-4185
E-mail Address:	osp@unm.edu		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

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		Timothy	
	Last Name:		Suffix:
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Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**
Phone Number: **Fax Number:**
E-mail Address: